SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY 5 Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Addressee  B. Received by ( Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  Yes
1. Article Addressed to:	If YES, enter delivery address below: ☐ No
Zenta 435 Devon Park Drive	
Building 300 Wayne, PA 19087	3. Service Type Certified Mail Registered Insured Mail C.O.D.
54C 05-884	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7 📗 (Transfer from service label)	4 0550 0001 1690 2859

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540